

Recipient Fingerprint Imaging Pilot Recipient / Social Worker Questionnaire

County: _____

Social Worker Name: _____

Case #: _____

CIN#: _____

Device: _____

Transaction #: _____

Recipient Questions:

1. Between 1 and 5 how did the device work for you to provide your fingerprint and picture? (1 being very easy to 5 very difficult)?

1 2 3 4 5

2. Do you have any other comment on the process of providing your fingerprint and picture?

Social Worker Questions:

1. Were you able to successfully get the applicant fingerprint image and photograph? Did you experience any problems with the device? If so, what?

2. Between 1 and 5, how did the recipient respond to the process? (1 being very positive to 5 very negative)

1 2 3 4 5

3. Between 1 and 5, did the recipient have any difficulty with the process? (1 being very easy to 5 very difficult) If so, please indicate why (i.e. physical or mental limitation) physically or mentally?

1 2 3 4 5

4. If you identified a difficulty in question #3 please describe the difficulty and should the condition be considered for inclusion as an on-going exemption criterion? If yes, why?

5. Did the physical environment present any issues in taking either the fingerprint image or photograph? If so, please specify why?
6. How long did it take to complete the fingerprint image and photograph process (include discussion with applicant about the process, taking the fingerprint image and photograph, setting up and cleaning up the equipment)?
7. Any additional comments about the process?